

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

- [] Please charge my **Deposit Account Number** in the amount of _____ to cover the fees for _____. A duplicate copy of this paper is enclosed.
- [x] A check in the amount of **\$810.00** to cover the RCE fee is enclosed.
- [x] The Commissioner is hereby authorized to charge any additional fees associated with this communication, or credit any overpayment to **Deposit Account Number 08-1480**.

Respectfully submitted,

Stanley P. Fisher
Registration Number 24,344



Juan Carlos A. Marquez
Registration No. 34,072

REED SMITH LLP
3110 Fairview Park Drive
Suite 1400
Falls Church, Virginia 22042
(703) 641-4200
August 11, 2008



TAMESHIGE et al.

Application Number: 10/784,297

Filed: February 24, 2004

**For: METHOD AND PROGRAM FOR EXECUTING A
JOB IN A REMOTE COMPUTER IN DIFFERENT
COMPUTER ENVIRONMENT**

Art Unit 2625

Examiner
Dicker, Dennis T.

ATTORNEY DOCKET No. NITT.0196

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

COVER LETTER

Sir:

[x] The fee for submission of claims is calculated as shown below:

FOR	TOTAL WITH NEW CLAIMS ADDED	TOTAL CURRENTLY ON FILE	CLAIMS ALREADY PAID	RATE	CALCULATION
Total Claims	7	10	(Over 20)	x \$50	0
Independent Claims	3	5	3 (Over 3)	x \$210	0
MULTIPLE DEPENDENT CLAIM(S)			PAID	+ \$370	0
REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28). IF APPLICABLE, VERIFIED STATEMENT MUST BE ATTACHED					
			TOTAL		0

In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

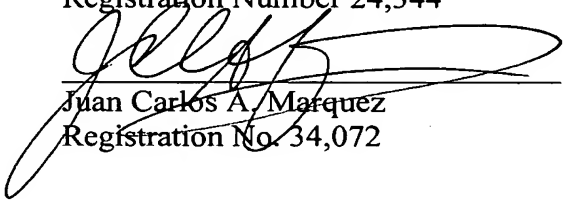
<input checked="" type="checkbox"/>	Response and Preliminary Amendment (with claim amendments)
<input type="checkbox"/>	Preliminary Amendment
<input type="checkbox"/>	Substitute Specification
<input type="checkbox"/>	Other

☐ Petition for __ month Extension-of-Time
☐ Terminal Disclaimer
☐ Letter to Draftsperson
☐ __ sheets of replacement drawings
☒ Request for Continued Examination

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